EXHIBIT A

Tayjes Shah

From:

Tayjes Shah

Sent:

Tuesday, July 31, 2018 11:17 AM

To:

Ted Hartman: Ben Hulse

Cc:

Wendy Thayer; Shareeka A. Allen; 'david@pritzkerlaw.com'

Subject:

RE: Miller Firm Bair Hugger Motion to Show Cause

Attachments:

BH IDs Motion to Show Cause.pdf; Forced Air Warmer Ids to Show Cause.pdf

Ted/Ben,

Please find this correspondence in relation to the 12 cases that were in Friday's Motion for an Order to Show Cause related to lack of product ID. Please note that we did not receive notice of your Motion until Friday. Upon review, 8 of the cases

Enev

Hougen

Knapke

Nugent

Blevins

Bradford

Mack

Watson

have a clear Bair Hugger identification in the records. I have consolidated the identifications into the attachment. In spite of significant efforts to this point, the four other cases reference a forced air warming device (without confirming a manufacturer) and I have attached these records.

Baxter

Hughes

Keith

Shoaf

As this information is beyond the scope of knowledge of most lay Plaintiffs, I would think that this medical documentation would be sufficient for these Plaintiffs (at the very least for the 8 with confirmed BH IDs). Please confirm if you would be agreeable to submitting a joint letter removing these cases from the show cause.

Thank you,

TJ

Tayjes Shah, Esq. The Miller Firm, LLC P: 540-672-4224



Medicar Harbor Hospital

3001 South Hemover Street Bethwere, MD 21225

PLACE PATIENT LABEL HERE

OPERATIVE CASE RECORD

Acet # 9015552780 MR# 000541394 Case# 412462 DOS 05/02/2013 PARLETT ENEY, ROBIN L THE FOR ALL RIVERS AND ADDRESS OF THE RESIDENCE OF THE PARTY OF THE PARTY. Poychouncial Status: Accepts OUTCOME Visibalizas) grácolos disecusosed amenty, abiday la supe, emigralizading of procesion antil supplembe of cristals. Complications assument TRANSFER TO OR SHITE WA Simble 5、可能医療問題的語言。2012年1日 TIME OUT THE: 1333 Palmont ID, Operation Sile, Proceedure, Position, Acoustile Commets and Solidy Proceedings — Y Relevant ranges and marries appropriately involved and deployed — Y The need to administer and boros or fluids containing unit takes for sugation is accreamed. Y Helpity and Physical on Charl. YES Healthy and Physical completes with 30 departed updated with 24 hours of the parameter. YES Precip Assessment Verified? YES Comments RICK FOR INFECTION Shat Prop Type Sien Peop Site وعالجا Harvey, Arms PA Chimateodos والما وملاقما Spring, Austr PM Alcohol alej, Arms RN left lag Chibianes Burgeen! half loca Chicago Comments Hair Removal Bile Her Reserved Type Hair sumoval unneces Ungery Catheter Leaded Contract Maria Grand Class Yollow Folloy Standard 2 Way RISK FOR HULLINY Applied By Second Pad Sky Ground Pad Let F Selety Purp? Haway, Anna Roi 12510027 ACTROQUES-TRIBUT, Custary Type Sinchesuspent (Jac. Cut Coop HOTESS Teachink HORES **Extractly Condition Pos** ilig Same inflated Time Definied Parishel Dy Tourseport | Until Location COST & MACL 15.40 1335 Licoor Les Leit 7863 \$CD (Jail 1 SCD Star-HIDE Jurgan Food Rught واعدنا و Marung Donce Warned Duelok HORSE Barr Hugger Upper Body MAK FOR THE AREA SHILL BETS BUTY of Prope, Brusses / Gorginian Charles & By Position for Bergery ALBERTALISE CARD PROVIDE Harvey, Arms FIN Hund Flags, Armboards Blassed, Lag Holder Left. Page 2 of 7

Present 5/2/2013 422 pm

PRINTED BY: MCKPRINT

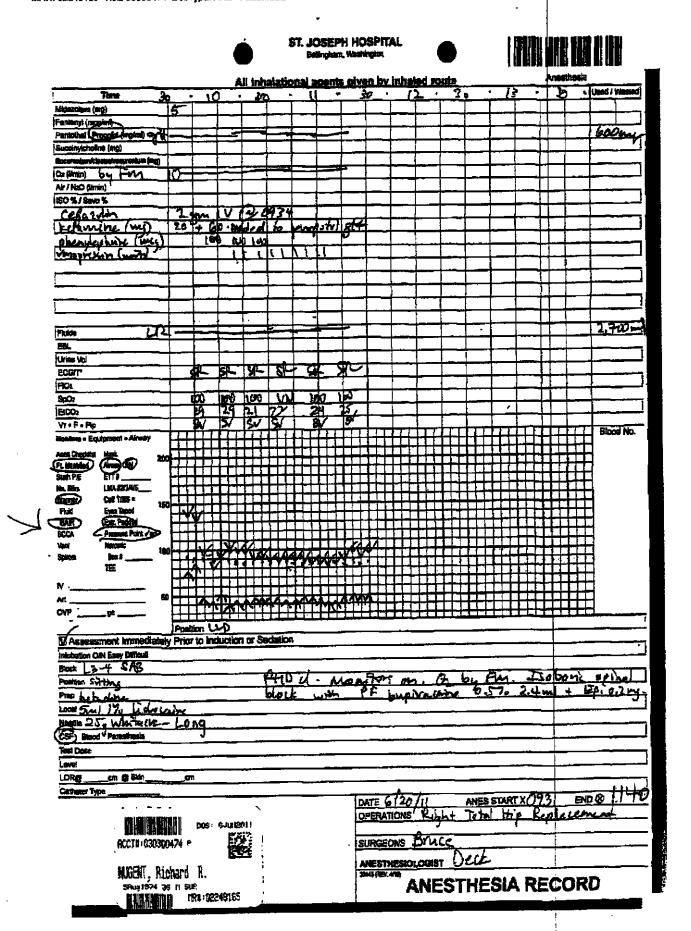
10/12/2015

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Immobilization Devices

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MRN: 02249165 Visit 30300474 DocType: ANE - Anesthesia



OAKWOOD SOUTHSHORE MEDICAL CENTER

5450 Fort Street Trenton Mi 48183-4601 Enc Anesthesia Report BLEVINS,ROGER S MRN: 07503580 DOB: 12/4/1942, Sex: M Adm: 1/8/2015, D/C: 1/10/2015

Flowsheets (all recorded) (continued)

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BRADFORD, DARRYL - 61055265

Intraop Record - BAR Main OR * Final Report *

BAR	Equips	Dent

Butry 1

Bair Hugger - BAR

Peg Board - BAR

Eelmet Batteries - BAR

Ortho Relmets - BAR

Botzy 3

Equipment Serial Number

Site

Device Setting Accessory applied by

Last Modified By:

SMITH CRMA, JOSHUA G Upper Body

Payne-Mathews, Carol

Payne-Mathews, Carol 08/12/15 14:12:27 08/12/15 14:12:27

Payne-Mathews, Carol OB/12/15 14:12:27

Entry 4

Equipment Serial Number Device Setting

Accessory Applied by Site

Procedure Arthroplasty

Sequence

Correct: Incorrect Sponge Count Action Taken

Correct:

Sponge Count

Ву Carol,

Payne-Mathews, Carol Lest Modified By: 08/12/15 14:12:27

SCD Machine - BAR

Entry 2

Entry 5

Calf Right Payne-Mathews, Carol DB/12/15 14:12:27

· BAR Counts Verification

Entry 1 Entry 2

Hip Total Arthroplasty Initial Count

Payne-Mathews, Carol,

Payne, Reginald

Yes

Yes

Yes

Yes

Hip Total Arthroplasty

Closing Count Payme-Mathews, Carol,

Payne, Reginald

Entry 3 **Hip Total**

Final Count Payne-Mathews,

Payne, Reginald

Yes

Yes Yes

Yes

Yes

Incorrect Sharps

Count Action Taken

Sharp/Reedle Count

Small Miscellaneous

Item Count Correct Incorrect Small Misc Itam Count Action Taken:

Instrument Count Correct

Incorrect. Instrument Count

Action Taken Provider Notified Closing Counts

Correct: Last Modified By: Yes

Yes

Yes

Yes

Yes

Payne-Mathews, Carol 08/12/15 14:01:59

Payne-Mathews, Carol 08/12/15 14:01:59

RAR Medication Intake

Motry 1

Medication

Вy

Normal Saline 1000mL

Payne-Mathews, Carol 08/12/15 14:01:59

Bottle - BAR FERGUSON MD. CHRISTOPHER A

Last Modified By:

Route of Admin

Topical

Payne-Mathews, Carol

Printed by:

Tate, Roshundia

Printed on:

03/07/2017 11:39 CST ·

Page 5 of 8 (Continued)

MedStar Franklin Square Hospital Center

Patient:

MACK, RAYMOND JOSEPH

Med Rec #: FSH-000801467649

Admit/Discharge: 11/3/2014

/ 11/7/2014

MD Case Level

Yes

Left

SN - Orthopaedica

Michael L. Dvorkin,

11/03/14 09: 27: 00

SN - Orthopaedics

Account#: Date of Birth: 4/22/1949 Age: 67 years

FSH-02100388079

Sex: Male

Admitting Doctor: Michael L.Dvorkin,MD

Case Level

Specialty

Modifiers

Stoo

Primary Surgeon

Surgical Service

Postop Same As Preop

Ordering Doctor:

Location:

FSH SURS

Surgical Documentation

Entry 1

Case Information

FSOR Of OR Wound Class 1-Clean ASA Class

Preop Diagnosis

degenerative joint

disease

Postop Diagnosis Last Modified By:

degenerative joint disease LORI D VACEK, RN 11/03/14 08: 28: 05

Surgical Procedures - TSH - OR

Entry 1

Procedure Description

MD

Start

Procedure

Arthroplasty Knee

Primary Procedure Yes

11/03/14 08:15:00

Anesthesia Type Wound Class

Last Modified By:

GENERAL

1-Clean LORI D VACEK, RN 11/03/14 09: 31: 47

Surgical Procedures - TSH - OR Audit

11/03/14 09: 31: 47

Owner: LDV101

Modifier LDV101

Patient Care Devices - FSH - OR

Pro-Care Text

<+> 1

A 200 Assesses risk for normothermia regulation. Im 60 Uses supplies and equipment within safe

parameters

Rite

Equipment Type Equipment Satting Biconed #

45 345158 Leg Lower Right

Entry 2 Entry 1 Machine Bair Hugger Machine SCD 43 c

F361355 LORI D VACEK, RN 11/03/14 08: 35: 12 11/03/14 08: 35: 12

Upper Body LORI D VACEK, RN

Last Modified By: Post-Care Text

E. 260 Evaluates response to thermoregulation measures Q. 290 Patient is at or returning to normothermia

conclusion of the immediate postoperative period

Patient Positioning - TSH - OR

Pre-Care Text

A 280 Identifies baseline musculoskeletal status Tm 40 Positions the patient Im 80 Applies salety devices.

Entry 1

Print Date/Time:

4/9/2017 05:36 EDT

Report Request ID:

91815558

www.medstarhealth.org

Page 9 of 20

VERIFICATION OF DOCUMENTS

Reston Hospital Center
HCA Shared Services-Release of Information
Boulders VII
Suite 100
7300 Beaufont Springs Drive
Richmond, VA 23225

Dear Medical Records Custodian:

Please answer the following questions regarding:

Patient's Name: Michael A. Watson DOB: August 30, 1960

YES: X

2.

 Was the Bair Hugger Forced Air Warming Unit used during the client's surgery on Jan 1, 2016 to February 1, 2016

NO:

If yes or no to the above, please indicate the model number and/or name of the Warming unit?

MODEL NAME/No.: Unit 4 400623507 Model 750

I hereby certify and declare under the penalty of perjury under the laws of my state of residence, that the foregoing it true and correct.

Authorized Custodian

Dated at (city) (state)

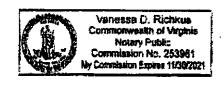
This 25 day of Jan , 2018

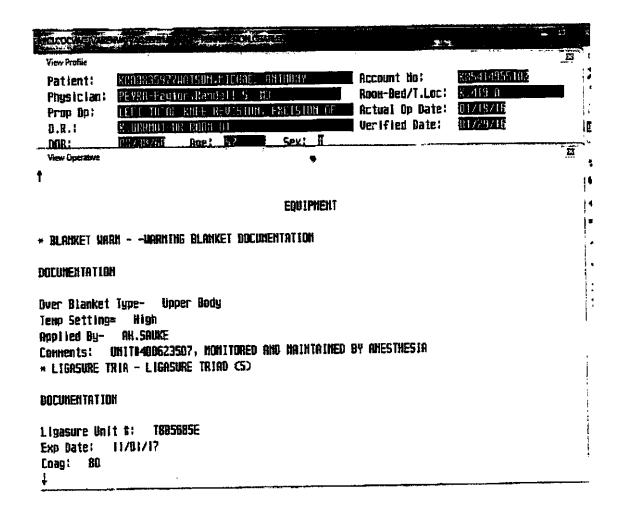
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2015

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Real people. Remarkable care.

NORTON HOSPITAL 200 E Chestnut Street Louisville KY 40202-1800 Anesthesia Report BAXTER, BOBBIE R MRN: EP00003141 DOB: 5/22/1958, Sex: M Surg. Date: 04/16/13

Real people. Remarkable care.	Ane	sthesia Rep	ort		St	irg. Dar	te: 04/16/1	3	
Sequential Compression Devices	(contin	ued)					n:_b:		
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ESU Type ESU BOVIE VALLEYLAB CEO44898		Blend Settir MonoPolar	ng Mod Mon pola	le Lo Io Ab	c Late dom N/A	erality	Set		oplied By
Tourniquets									
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Warming Devices						.,			
Device Type Device Forced Air Warming Device CEO 51060 SEE ANETH.REC	ORD	Setti High	1	Area Upper Body	Later N/A	rality ⊺	(emp	Applied Nalley, Stephar CRNA	•
Instruments			<u></u>		· — · · · · · · · · · · · · · · · · · ·	·			
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GLOVE SENSICAR GRN 8.0 MSG1280	No	Gloves Surgeon	1	0				PAV MAIN	
SUTURE NURLON 1 30 5425H	No	Sutures	3	0				PAV MAIN	
SUTURE VICRYL 2-0 36 J945H	No	Sutures	3	0				PAV MAIN	
STAPLER SKIN WIDE PXW35	No	Staplers	1	0				PAV MAIN	
PAD CAST STR 4X4 30227	No	Casting Supplies and Splints	1 .	0		,	* 1.1	PAV MAIN	
BANDAGE ACE 6 2359706LF	No	Sponges Gauzes Dressings	1	0			NH OR	PAV MAIN	
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No

Orthopae

NH PAV MAIN



9/14/16

THE MILLER FIRM, ILC THE SHERMAN BUILDING 108 RAILROAD AVE Orange, VA 22960

RE: Request to inspect, copy or obtain copy of warming device manufacturer

Records of: Bobbie R Baxter Date of Birth: 5/22/1958

Date request received: 9/7/2016

Dear THE MILLER FIRM, LLC,

We regret to inform you that after an extensive and thorough search through the record we are unable to process your request as there is no manufacturer listed for the forced air warming device for the service date(s) requested at

- Norton Hospital 200 E. Chestnut St., Louisville, KY 40202

Should you have any questions, you may contact us at (502) 629-8766, Monday through Friday, 8:00 a.m. until 5:00 p.m.,

Thank you,

Anna Berry Pfeil, MA, RHIA Director, Release of Information/RAC Norton Healthcare



Real people. Remarkable care.

NORTON WOMEN'S AND CHILDREN'S HOSPITAL 4001 Dutchmans Lane Louisville KY 40207-4714 Anesthesia Report KEITH, WESLEY F MRN: EP01024295 DOB: 8/20/1978, Sex: M Surg. Date: 01/11/16

PNI	DS Information	on (continued)								
	outcomes - Int									
_	Used?	Description (Code)	-							
	Yes	The patient is free from						ous objec	ts. (O2)	
	Yes	The patient is free from	n signs and	i sympton	is of che	emical inju	ury. (03)			
	Yes	The patient is free from	n signs and	d sympton	ns of ele	ctrical inju	ıry. (O4)			
	Yes	The patient is free from	n signs an	d sympton	ns of inju	ıry related	to position	ng. (O5)		
	Yes	The patient is free from	n s igns an	d sympton	ns of inju	ıry related	i to transfer	transport.	(O8)	
	Yes	The patient receives a (O9)				-		ng the pe	rioperativ	e period.
	Yes	The patient is free from	m signs an	d sympton	ns of infe	ection. (O	10)	_		
	Yes	The patient participate	es in decisi	ons affecti	ng his o	r her pen	operative pl	an of care	. (023)	
	Yes	The patient's care is o				zed perior	perative plan	of care.	(O24)	
	Yes	The patient's right to p	privacy is m	naintained.	(O25)					. ,
	Yes	The patient demonstration (O29)								
	Yes	The patient demonstration procedure. (O31)	ates knowl	edge of the	e expect	ed respo	nses to the	operative	or invasi	<i>r</i> e ·
1	Diagnoses	_								
•	Present	? Description (Code)	 			_				
	Yes	Risk for injury (X29) instructed to keep h	ands away	from eve:	6					
	Yes	Acute pain (X38) monitor pain								
_1	quipment/ /11/2016 ectro Surgery	nstruments/Supp	lies		·····					
	<u> </u>					Pad		Coag	Cut	
	ESU Type BOVIE VALLEY LAB	ESU		d Setting oPolar	Mode Mono polar	Loc Abdom en	Laterality	Set 40	Set 40	Applied By Witten, Carroll L., MD
W	arming Devic	es						-		
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The information listed above is not available as it is not part of the legal healthcare record.

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